DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: AUTUMN OAKS LLC (0010126)

Address: 227 E WASHINGTON ST, SLINGER, WI 53086

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096988 End Date: 05/17/2006 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008374 Served 05/24/2006

Deficiencies Cited Subject Area Subject Area Subject Area Corrected

83.42(3)(e) QUARTERLY FIRE DRILLS

83.43(3)(b)1 TESTING BY SERVICE COMPANY

Survey ID: 0094979 End Date: 06/06/2005 Type: STANDARD Purpose: OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092347 End Date: 03/11/2004 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 05/24/2006 SOD #10008374 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.42(3)(e)

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